

3/PreB FATENT 450100-3247.4

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

Hajime INOUE et al.

Serial No.

09/430,950

For

NEAR VIDEO-ON-DEMAND SIGNAL

RECEIVER

Filed

November 1, 1999

Art Unit

2773

745 Fifth Avenue

New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on April 28, 2000.

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered Representative

Signature

April 28, 2000

Date of Signature

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

Prior to the issuance of the first Office Action, please amend the above-identified

application as follows:

05/03/2000 AIBRAHIN 00000049 09430950

01 FC:103 02 FC:102

126.00 0P

ID0647

2773 # PATENT 150100-3247.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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: November 1, 1999

For

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NEAR VIDEO-ON-DEMAND SIGNAL RECEIVER

Art Unit

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RECEIVE
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TECH CENTERS

745 Fifth Avenue 71 New York, New Yor 8015 Tel. (212) 58-0800

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

___ No additional fee is required.

X The fee has been calculated as shown below.

_ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	* 27	Minus	** 20 =	* 7 ×	\$18 (9)	= \$ 126.00
Independent claims	* 5	Minus	*** 3 =	* 2 ×	\$78(39)	= \$ 156.00
			Total additional fee for this amendment			\$ 282.00

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the highest number of total claims previously paid for is less than 20, write "20" in this space.

If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

This application contains a multiple dependent claim.	The required fee of \$250(125) has been previously
 paid, or is paid herewith	·

- This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- A check in the amount of $\frac{282.00}{x}$ is attached, which covers the cost of additional claims _ petition for extension of time.
- ___ Charge \$__ to Deposit Account No. 50-0320.
- Y Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Washington, D.C. 20231, on <u>April 28, 2000</u>

William S. Frommer, Reg. No. 25,506

Name of Applicant, Assignee or Registered
Representative

9 gnature April 28, 2000

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

Reg. No. 25,506

Tel. (212) 588-0800